TOWARD SEXUAL AND REPRODUCTIVE HEALTH IN SASKATCHEWAN

Second Report of the Advisory Committee on Family Planning to the Minister of Health

Submitted to
The Honourable Eric Cline, Minister of Health

Saskatchewan Health

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Saskatchewan

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MESSAGE FROM THE CHAIR

On behalf of the Advisory Committee on Family Planning, to the Minister of Health, I am pleased to submit the Second Report of the Committee, Toward Sexual and Reproductive Health in Saskatchewan.

Since it was formed in June 1992, the Committee has actively worked within communities to promote sexual and reproductive health in Saskatchewan. This report will serve as an important next step for future planning about sexual and reproductive health and family planning issues in Saskatchewan. The recommendations contained in this report will provide direction to the government on the development and initiation of policies and programs to address these issues.

I would like to take this opportunity to thank Judith Hindle for her perseverance and commitment in completing this report. I would also like to thank the Committee members for their support, expertise and commitment in working together to fulfill the Committee's mandate.

Respectfully submitted,

Ann L. Schulman

Ann L. Schulman, R.N., B.Sc.N.
Chair, Advisory Committee on Family Planning

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EXECUTIVE SUMMARY

The Advisory Committee on Family Planning was appointed in June 1992 to provide direction to the government on the development and initiation of policies and programs which would contribute to reproductive health, promote healthy pregnancies and births, and reduce the incidence of unintended pregnancies in Saskatchewan.

The Advisory Committee's first report, *Toward Sexual and Reproductive Health in Saskatchewan,* was released in November 1993. The report recommended action in five key areas, and proposed an action plan for implementing the recommendations. The Advisory Committee received Ministerial approval to begin implementing the proposed action plan in the fall of 1993.

This report summarizes the Advisory Committee's activities, outcomes, emerging issues and major findings during the period November 1993 to August 1995, and presents three major recommendations for consideration of the Minister of Health.

Seven major initiatives were undertaken and/or monitored during the period July 1993 to June 1995. Outcomes of these various initiatives indicate that considerable progress was made toward increasing public access to sexual and reproductive health information, resources, counselling, and other services. The activities included:

- **A Family Planning "Community Grants" Program;**
- **A Provincial toll-free information and referral line, the *Facts of Life Line*;**
- **An overview of statistics, programs and issues in sexual and reproductive health of adolescents;**
- **A Symposium on Sexuality and Sexuality Education;**
- **A Province-wide communication strategy to promote sexual and reproductive health;**
- **Funding for five "Youth Wellness Centre" pilot projects in health districts;**
- **Field visits, provision of resource information and communication links with various communities, post-secondary institutions, health districts and organizations.**

Provision of grant funding to 11 communities and ongoing support provided by the community developer were key factors in promoting increased networking among community groups. The *Facts of Life Line* was also an effective way to increase access to sexuality and reproductive health information to citizens of all ages across the province. It is clear that parents, youth and other community members more readily acknowledge and express needs for more information and resources when their interest and involvement is mobilized within communities, and when information can also be obtained anonymously.

A comprehensive overview of statistics, research and literature verified that factors contributing to unintended teen pregnancy and sexually transmitted diseases among youth and young adults in Saskatchewan are numerous, complex and diverse; and that multiple approaches are required to adequately address these related issues and problems.

Responses to the sexuality symposium and to field visits in communities and post-secondary institutions indicate that there is a high degree of interest in a range of issues related to sexual development, sexuality and sexuality education among educators, various professionals and parents. At the same time, public opinion continues to differ substantially with respect to the how, why, when, and who of sexual health education and services.

Overall findings of the Committee indicate that there is a continuing need for concerted, coordinated and integrated efforts to increase access to comprehensive sexual and reproductive health information and services for citizens for all age groups in Saskatchewan, especially high risk and marginalized individuals and groups.

RECOMMENDATIONS

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Recommendation #1:

1. **It is recommended that five mechanisms be put in place to ensure ongoing support, development, monitoring and evaluation of existing projects initiated by the Advisory Committee on Family Planning:**

   - 1.1 **The Advisory Committee to the Minister of Health continue to exist but be restructured to ensure on-going interdepartmental support of the Committee, and representation from communities and district health boards;**
   - 1.2 **Government funding for ongoing work of the Advisory Committee be continued for the period 1995-97;**
   - 1.3 **A sexual health consultant be appointed to provide professional support, promote partnerships and liaise with the Advisory Committee on Family Planning, other departments and district health boards;**
   - 1.4 **An evaluation consultant be contracted to assist with systematic evaluation and documentation of project outcomes by 1997; and**
   - 1.5 **The Advisory Committee be given the mandate to monitor and advise on the development, implementation and evaluation of the Advisory Committee's three projects already underway, namely, the provincial Facts of Life Line, the five Youth Wellness Centre Pilot Projects and the Provincial Communication Strategy.**

Recommendation #2:

2. **It is recommended that the Guiding Principles and Goals of the Advisory Committee on Family Planning continue to guide the work of the Committee, and, further, that the Committee be given the mandate to:**

   - 2.1 **Advise the Minister of Health on ways to increase interdepartmental collaboration, commitment and funding for current initiatives and on-going work of the Advisory Committee on Family Planning;**
   - 2.2 **Advise on ways to coordinate and enhance public education, particularly links with parent education networks;**
   - 2.3 **Advise on ways in which district health boards could be assisted to establish priorities in provision of sexual and reproductive health services, particularly, for youth and young adults;**
   - 2.4 **Encourage learning opportunities such as biannual symposia and/or community-based workshops to promote professional education and networking opportunities among project staff and others (parents, teachers, physicians, youth) involved in promoting sexual and reproductive health; and**
   - 2.5 **Examine and make recommendations regarding the applicability to Saskatchewan of the New Canadian Guidelines for Sexual Health Education.**

Recommendation #3:

3. **It is recommended that the Advisory Committee on Family Planning continue to investigate and to advise the Minister of Health on ways to increase access to sexual and reproductive health information, and to improve coordination of services for individuals, families and marginalized groups most at risk for sexual and reproductive health problems, unintended pregnancy, sexually transmitted diseases and HIV/AIDS.**

1. INTRODUCTION

In June 1992, the Minister of Health, the Honourable Louise Simard, appointed an Advisory Committee on Family Planning to provide direction to the government on the development and initiation of policies and programs which would contribute to reproductive health, promote healthy pregnancies and births, and reduce the incidence of unintended pregnancies in Saskatchewan.

The Advisory Committee's first report, *Toward Sexual and Reproductive Health in Saskatchewan*, was released in November 1993. The report recommended action in five key areas, and proposed an action plan for implementing the recommendations. Following release of the report, the Advisory Committee on Family Planning received Ministerial approval to implement its proposed action plan and proceeded to do so during the period 1993 to 1995.

During the second and third year of its mandate, the Advisory Committee on Family Planning continued to work within the framework of the Terms of Reference, Guiding Principles and Goals established in its first year. These can be found in Appendix A.

This report summarizes the Advisory Committee's major activities, outcomes and emerging issues identified during the period November 1993 to June 1995. The report presents three recommendations for further action which it believes are essential for enhancing sexual and reproductive health of Saskatchewan citizens, and for reducing the incidence of unintended pregnancy, sexually transmitted diseases and HIV/AIDS among children, youth and young adults.

2. MAJOR ACTIVITIES UNDERTAKEN

Seven major initiatives were undertaken and/or monitored during the period July 1993 to June 1995:

- **The Family Planning Community Grants Program;**
- **A Provincial toll-free information and referral line, the *Facts of Life Line*;**
- **An overview of statistics, programs and issues in sexual and reproductive health of adolescents;**
- **A Symposium on Sexuality and Sexuality Education;**
- **A Province-wide communication strategy to promote sexual and reproductive health;**
- **Five "Youth Wellness Centre" pilot projects in health districts;**
- **Field visits and communication links with communities, post-secondary institutions, health districts and organizations.**

Each of these initiatives required extensive contributions by the Chair, the community developer, individual members of the Advisory Committee, and sub-committees appointed to oversee specific projects. Many additional contributions were made by community members, district health board staff, consultants, resource people from other centres, and Saskatchewan Health staff. A brief overview of the initiatives and their major outcomes follows.

2.1 Family Planning Community Grants Program 1993-94

In 1993-94, a total of $100,000 in seed funding was provided to assist 12 community groups in initiating projects contributing to the reduction of unintended teen pregnancy and improvement of sexual and reproductive health in their communities. The Family Planning Community Grants Program was designed to foster cooperation and collaboration among community groups in promoting access to comprehensive sexual and reproductive health information within communities. Receipt of grant funds was contingent upon this and other criteria established by the Advisory Committee.

One organization was unable to proceed as planned and returned the grant funds. These funds were reallocated to other initiatives of the Committee. Evaluation guidelines were provided to the 11 remaining projects. By December 1994, all 11 projects provided reports on project outcomes and the dispersement of funds.

Preliminary analysis of the evaluation reports by grant recipients suggests that considerable progress was made towards increasing community, family and adolescent awareness and access to family planning education, resources and counselling. Key outcomes identified in the reports included:

- an increase in networking among community groups. This was the single most frequently reported outcome by grant recipients;
- the importance of grant funding, ongoing support and resources provided by the community developer in facilitating implementation of the project;

- priority issues for youth are activities geared specifically to them and to their needs for self-esteem, personal development, guidance, and education about sexuality; and
- parents, youth and other community members more readily acknowledge their interest in discussing sexuality issues and their needs for more information and resources when interest and involvement in these issues is mobilized in communities.

2.2 The Provincial *Facts of Life Line*, 1994

In 1994, the Advisory Committee allocated $77,000 in seed funding for establishment of an anonymous, provincial toll-free information and referral line which would provide increased access to comprehensive information and referral regarding sexuality and reproductive health issues of concern to individuals of all ages. The *Facts of Life Line*, initiated in October 1994, is operated by a non-profit, charitable organization governed by a community advisory board with broad representation including youth.

The toll-free line is administered within the framework of the Guiding Principles and Goals of the Advisory Committee on Family Planning. Confidential, accurate information is provided to the public by trained staff on a broad range of sexuality and reproductive health issues. The personal values and beliefs of all callers are respected and accepted as a matter of individual choice.

During the first eight months of its implementation, the frequency of calls increased from all areas of the province. Most calls fall into four categories of concerns: normality of one's body, sexually transmitted diseases, relationship and communications issues, and contraception. Of 789 calls during the period October 1994 to March 1995, one-third were from individuals who identified themselves as males, 31% were females, and the gender of 36% was unknown. Of those who reported their ages, 26% of callers were children 14 years of age and under, 18% were 15 to 19 years old, and 11% ranged from age 22 years to 70 years and over.

Outcomes from this project suggest that the *Facts of Life Line* is an effective way to increase access to sexuality and reproductive health information to the public, but that on-going publicity, support, expansion and evaluation of this service is needed. The *Facts of Life Line* Community Advisory Board identified data-base development, marketing and promotion, and long-term planning as priority issues to be addressed in 1995-96.

2.3 Overview of Statistics, Programs and Issues Regarding Sexual and Reproductive Health of Youths

The Committee's mandate included an exploration of the broader economic, psychosocial and educational issues contributing to unintended teen pregnancy in Saskatchewan. Work toward achievement of this objective began with a review of over 200 research articles, statistical reports, provincial, national and international reports, and data from other provinces, and expanded to encompass a comprehensive survey of issues including:

- changing trends in families, family health, family life, and child and youth health;
- children and youth at risk and risk-reduction programs for families, children and youth at risk;
- sexual development of children and youth, teen sexuality, sexual behaviours and attitudes, and promotion of sexual health in children and youth;
- community-based and school-based family life education and sexuality education program models, teen pregnancy prevention programs, and program evaluation;
- contraception, contraceptive behaviour and contraception programs for youth;
- sexually transmitted diseases (STDs) and HIV/AIDS: incidence, youth behaviours, education and prevention programs and evaluation of program outcomes;
- unintended teen pregnancy: incidence, risk factors, education and prevention programs and program evaluation;
- school health programs, teen wellness centres, school-based and community-based clinics, and family planning services;
- new Canadian Guidelines for Sexual Health Education;
- selected reports of the Royal Commission on New Reproductive Technologies;
- youth health needs assessments by selected district health boards; and
- historical and contemporary differences between the United States and Canada in values, institutions, statistics, programs, and factors related to unintended pregnancy and pregnancy prevention programs.

The outcomes of this extensive literature review verified the preliminary findings of the Committee, namely, that the factors contributing to unintended teen pregnancy and sexually transmitted diseases are numerous and complex; and that collaborative, comprehensive and integrated approaches are required to adequately address related issues and problems. Findings also support the need for integrated school-linked services identified in Saskatchewan's Action Plan for Children, and articulated in the "Children First: Integrated School-linked Services Program" initiative of the provincial government.

Two publications were released by the Advisory Committee on Family Planning as outcomes of the literature review: A Background Paper titled *Overview, Statistics, Programs and Issues, Sexual and Reproductive Health,* November 1994; and a *Bibliography on Adolescent Sexual and Reproductive Health,* 1994.

2.4 Symposium on Sexuality and Sexuality Education, November 17-18, 1994

A Symposium on Sexuality and Sexuality Education was held at the Ramada Renaissance Hotel in Saskatoon on November 17-18, 1994. The objectives of the symposium were to increase public awareness of, and provide opportunity for dialogue on, teen sexuality and reproductive health issues; to examine various approaches to sexuality education; and to highlight and facilitate distribution of the Advisory Committee's first report *Toward Sexuality and Reproductive Health in Saskatchewan,* 1993.

The symposium was organized to provide a range of current viewpoints on sexuality and sexuality education. The program included speeches by keynote speakers, plenary sessions, a panel presentation and concurrent workshops. Topics included self-esteem, self-determination and personal safety, parents as sexuality educators, pre-adolescent/ puberty sexuality education, media influence on children's sexuality, health education in Saskatchewan schools, abstinence education, and integrated approaches to sexual health education for youth. Opportunities for questions and answers and discussion involving all participants was provided for in all sessions. A symposium agenda can be found in Appendix B.

The symposium was attended by 274 individuals, including guest speakers. Participant evaluations and informal feedback indicate that there is a high degree of interest in a range of issues related to sexual development, sexuality and sexuality education. Outcomes also indicate that support continues to grow for implementation of comprehensive sexuality education in the province.

At the same time, some opposition to comprehensive school-based sexuality education also continues to exist. Some participants took exception to specific messages of several presenters, and they and others subsequently expressed their concerns in various media and in letters to government and the Advisory Committee.

No list of formal recommendations was presented, endorsed or forwarded to the Minister from the symposium, nor was this the intent. The event was financially self-sufficient as conference registration revenues covered all expenditures.

2.5 Provincial Communication Strategy to Promote Sexual and Reproductive Health

In September 1993, work began on the development of a provincial communication strategy that would promote increased awareness of sexual and reproductive health, and access to comprehensive sexual and reproductive health information for citizens of all age groups. Implementation of the toll-free *Facts of Life Line* was one component of this communication strategy. The second component was the development of other ways and means of increasing public access to health information and referral sources.

Preliminary work was undertaken by a Communications Sub-committee of the Advisory Committee. In July 1994, Gnyp Communications of Saskatoon was contracted to develop a province-wide communications campaign including design and development of posters and brochures which could be distributed across the province. Work on this campaign involved the participation of many individuals, particularly youth, through focus groups and consultations with youth representatives on the Advisory Committee. This campaign is planned for implementation in the summer of 1995.

2.6 Youth Wellness Centre Pilot Projects, March 1994

In response to recommendations in the Advisory Committee's first report, several health districts, schools and community groups approached the Committee for support in establishing youth wellness centres. A Sub-committee on Youth Wellness Centres was appointed to research and gather information on youth wellness projects, and to report back to the Advisory Committee with recommendations. After thorough exploration of these requests, the Advisory Committee recommended allocation of funding to a selected number of health districts, and proceeded with further development of criteria for considering submissions by health districts.

In March 1995 the Advisory Committee provided grant funding of $227,000 for five teen wellness centre pilot projects to be delivered in the health districts of Prince Albert, Lloydminster/Twin Rivers, Greenhead, Regina, and Moose Jaw/Thunder Creek. The projects are community-based, health promotion and primary prevention services specifically geared to youth. They are aimed at increasing youth access to resources which will inform, guide and assist them in becoming knowledgeable about health issues of concern to them; and enhancing and supporting healthy decision-making, problem-solving and healthy behaviours.

The projects (listed in Appendix C) reflect collaborative, comprehensive approaches and involvement of youth in providing health education, information, counselling and services to meet the needs. Projects, starting in September 1995, are offered in existing local facilities which are readily accessible to youth.

2.7 Field Visits and Communication Links with Communities, District Health Boards, Post-Secondary Institutions and Organizations

During the period September 1993 to June 1995, the Chair of the Committee, the community developer, and various members participated in numerous presentations, field visits, six conferences or workshops, and over 30 meetings. Topics of discussion included sexual and reproductive health issues and initiatives, and development of educational programming to promote sexual health and prevent unintended pregnancy and STDs.

MEETINGS

The Chair and community developer met with representatives of the Regina, Saskatoon, Greenhead, Prince Albert, Lloydminster/Twin Rivers and Moose Jaw/Thunder Creek Health Boards; the Regina Circle Project; the Minister and policy staff members in the Department of Education, Training and Employment; deans and faculty at the University of Saskatchewan, including the Dean of Nursing and the Dean of Medicine, the Health Sciences Dean's Council, the College of Education, the Extension Division, Directors of the Student Health Centre, and the Women's Health Centre; and at the University of Regina, Dean of the Faculty of Physical Activity Studies and the Director of Student Health Services.

These meetings focused on educational requirements of health and education professionals with regard to sexuality education and training, the development of university classes to address lifestyle and sexuality issues, and provision of sexual and reproductive health services to university students.

Meetings were also held with the Chair of the Council on Children, the President of the Saskatchewan Federation of Home and School Associations, Medical Health Officers, the Provincial Health Council, and Planned Parenthood Saskatoon.

CONFERENCES AND PRESENTATIONS

The Chair, community developer and various members of the Committee participated in various conferences and workshops. These included a workshop with Dr. Helen McGilligan on sexuality programs and prevention of unintended teen pregnancy, November 1993; the Healthy Lifestyles Conference in Biggar, Saskatchewan, February 1994; the Teachers' Institute of Saskatoon Board of Education, February 1994; the Alberta Society for the Promotion of Sexual Health Conference, March 16-18, 1994; the Canadian Public Health Association Annual Conference, June 1994; the Guidance Counsellors' Annual General Meeting, October 1994; the Saskatchewan Association of Health Organizations (SAHO) Conference, October 1994; and the "Youth for Youth Health" Conference in Vancouver in March 1995. The latter was attended by the two youth representatives on the Advisory Committee.

FIELD VISITS

Field visits were made by the Chair and the community developer to several Northern communities including Ile-a-la Crosse, La Loche, La Ronge, and Meadow Lake. Regular field visits were also made to each of the projects that received funding through the Community Grant Projects Program.

OTHER ACTIVITIES

Letters of support were sent to the University of Regina regarding expansion of health services for students and staff in September 1994. Funding of $500 was provided to the Student Health Services for the purchase of a TV/VCR for health teaching purposes. A letter of support was also sent to the Prescription Drug Plan regarding inclusion of Norplant in the Saskatchewan Health Formulary.

Statistical updates on teen births and sexually transmitted diseases, and resource information on a wide range of topics was provided in response to inquiries. The community developer established contacts with and provided information to various organizations and individuals in response to requests and expressed need for assistance. Finally, Advisory Committee members attended 15 regular meetings of the Committee and various subcommittee meetings between July 1993 and August 1995.

3. MAJOR FINDINGS, EMERGING ISSUES AND RECOMMENDATIONS

3.1 There is a Need for Ongoing Support, Development and Evaluation of Projects Initiated By the Advisory Committee on Family Planning

Considerable resources have been allocated to major projects initiated by the Advisory Committee on Family Planning. Projects include the provincial toll-free *Facts of Life Line*, five Youth Wellness Centre Pilot Projects, and a province-wide Communication Strategy to promote use of the toll-free line and access to other sexual health resources and services.

- On-going coordination, support, and evaluation of these projects is needed to promote their success and to adequately assess their outcomes.
- A systematic development and evaluation plan for existing Advisory Committee projects is required to ensure documentation, continuing support and evaluation of outcomes of these initiatives. The appointment of dedicated, hired staff is also needed to provide professional support to the projects and to promote partnerships with district health boards and others involved with sexual and reproductive health and education.

3.2 There is a Continuing Need for Greater Integration, Collaboration and Multi-sectoral Approaches to Health Promotion, Prevention and Intervention Related to Child and Youth Health, Family Health and Sexual and Reproductive Health

Since its appointment in 1992 the Advisory Committee on Family Planning has facilitated and observed progress in promoting community-based collaborative efforts to improve sexual and reproductive health and to reduce unintended pregnancy in Saskatchewan. In June 1993 the Saskatchewan government launched a province-wide initiative called *Children First: An Invitation to Work Together - Creating Saskatchewan's Action Plan for Children* to encourage a concerted effort in the province for the protection and well-being of children. One major activity under the umbrella of the action plan for children is the Integration School Linked Services Program which encourages and facilitates collaborative processes among school divisions, schools, communities, and provincial and community service agencies.

The Saskatchewan Provincial HIV/AIDS Strategy is another initiative launched in 1993 that is designed to address a major health concern through collaborative approaches between government, communities, community organizations and health care providers.

- There is a need for coordination, communication links, and mutual support between the Minister's Advisory Committee on Family Planning and other initiatives designed to contribute toward improved health and wellness of children, youth and families in Saskatchewan communities.
- There is a need for on-going collaboration and support of the work of the Advisory Committee on Family Planning by other government departments including Social Services, Justice, the Women's Secretariat, and Education, Training and Employment.

Recommendation #1:

1. **It is recommended that five mechanisms be put in place to ensure ongoing support, development, monitoring and evaluation of existing projects initiated by the Advisory Committee on Family Planning:**

   1.1 The Advisory Committee to the Minister of Health continue to exist but be restructured to ensure on-going interdepartmental support of the Committee, and representation from communities and district health boards;

   1.2 Government funding for ongoing work of the Advisory Committee be continued for the period 1995-97;

   1.3 A sexual health consultant be appointed to provide professional support, promote partnerships and liaise with the Advisory Committee on Family Planning, other departments and district health boards;

   1.4 An evaluation consultant be contracted to assist with systematic evaluation and documentation of project outcomes by 1997; and

   1.5 The Advisory Committee be given the mandate to monitor and advise on the development, implementation and evaluation of the Advisory Committee's three projects already underway, namely, the provincial *Facts of Life Line*, the five Youth Wellness Centre Pilot Projects and the Provincial Communication Strategy.

3.3 There is a Continuing Need For Enhanced and Coordinated Public Education, Skill Training, and Resources Directed Toward Promotion of Child and Youth Health and Sexual and Reproductive Health Across the Life Span

To achieve health and wellness, individuals require environments, knowledge, capabilities, values, attitudes and resources which support and promote health, including their sexual and reproductive health. Sexual health is a key ingredient in individual identity, overall health and human relationships. Reproductive health is also a key component in individual, family and community well-being, and in preserving the capacity for healthy procreation.

It is clear to the Advisory Committee that public opinion and comfort levels continue to differ with respect to education and discussion of sexual and reproductive health issues and provision of related services and resources. However, response to the Guiding Principles, Goals and activities of the Advisory Committee reflects considerable public support for these principles and goals, and for initiation of learning opportunities related to healthy sexual development and sexual health education.

Youth, parents, health care providers and educators have indicated that they wish to be supported in their efforts to acquire such information, and to effectively use that information in health-enhancing decisions which are consistent with their values. Pregnant and parenting teens have also indicated many needs for knowledge and skills that will enable them to avert subsequent unintended pregnancies, and to reduce health, educational, economic and other social risks to themselves and their children.

At the same time, parents, educators and youth themselves are aware that information provision alone is insufficient in bringing about responsible sexual behaviours, or modifying existing attitudes and behaviours. It is recognized that children, youth and adults of many ages require opportunities for specific knowledge development, skill training in sexual decision-making, and environmental support for healthy behaviours.

The term "knowledge and skill development in sexual decision-making" refers to planned and guided teaching-learning approaches which give individuals opportunities to recognize and confront situations which could be problematic for them in real life. Individuals are provided with information and simulated situations in which they can learn ways of behaving which are age, gender, and culturally appropriate. Ideally, these learning experiences should result in, among other things, strengthening of self-esteem, gender identity, self-acceptance, and skills of negotiating sexual behaviours which are consistent with personal values and respect for others; affirmation and strengthening of the choice to abstain from sexual intercourse and sexual involvement among those who so choose; fostering of healthy relationships with others and the ability to avoid or to terminate abusive and exploitive sexual relationships; and a sense of confidence, comfort and safety with personal choices.

Knowledge and skill development in sexual decision-making should also enable individuals to acquire accurate information about fertility and methods of preventing unintended pregnancy; and should prepare them for consistent and proper use of protective measures against sexually transmitted diseases and HIV/AIDS when engaging in sexual activity. Sexually active individuals should have the knowledge and skills to detect the presence of infection or disease and to seek prompt diagnosis and treatment when and if these conditions are suspected.

The creation of "environmental supports" for healthy behaviours requires acceptance of the fact that youths' perceptions of their health concerns and needs often differ from adults' own views of their concerns. Youth health concerns tend to be gender and age related and are often not overtly expressed to adults in their immediate environments. At the same time, youth may also assume, share or exaggerate the burdens they perceive parents to have, such an unemployment, poverty, substance abuse and mental health problems. When youth seek help it is often not from their parents initially but rather from friends or other significant adults. Sometimes they are fearful of seeking help at all, or do not know where to find it.

In Saskatchewan, education and reproductive services have been developed and implemented separately, and may even be working at cross-purposes in some areas of the province. Access to information about various aspects of child and youth health, especially sexual and reproductive health, continues to be limited in many Saskatchewan communities. Neither sexual and reproductive health services, nor comprehensive educational services and supports are readily available or accessible to youth within all health districts.

- Provincially there is a need for sexual health information to continue to be made available through such mechanisms such as the provincial toll-free *Facts of Life Line*. Other potential mechanisms include province-wide sexual health program series that could be delivered via the Saskatchewan Communications Network (SCN) and by local radio stations which appeal to youth.
- Ways need to be found to reconcile adults' concerns or youths' perceptions of their needs, and to develop health and education services which best meet those needs from the perspectives of youth.
- Ways need to be found to encourage district health boards to collaborate with school boards, school districts, health care providers and community organizations to optimize the use of the existing resources, and to hire resource persons to assist in the development of sexual and reproductive health services and health promotion programs.
- There is a need to examine the applicability to the province of the new Canadian Guidelines for Sexual Health Education and to promote inter-agency collaboration in implementing guidelines which are appropriate for Saskatchewan.

Recommendation #2:

2. It is recommended that Guiding Principles and Goals of the Advisory Committee on Family Planning continue to guide the work of the Committee and, further, that the Committee be given the mandate to:

2.1 Advise the Minister of Health on ways to increase interdepartmental collaboration commitment and funding for current initiatives and on-going work of the Advisory Committee on Family Planning;

2.2 Advise on ways to coordinate and enhance public education, particularly links with parent education networks;

2.3 Advise on ways in which district health boards could be assisted to establish priorities in provision of sexual and reproductive health services, particularly, for youth and young adults;

2.4 Encourage learning opportunities such as biannual symposia and/or community-based workshops to promote professional education and networking opportunities among project staff and others (parents, teachers, physicians, youth) involved in promoting sexual and reproductive health; and

2.5 Examine and make recommendations regarding the applicability to Saskatchewan of the New Canadian Guidelines for Sexual Health Education.

3.4 Need for Continuing Efforts to Reduce the Incidence of Unintended Teen Pregnancy, Sexually Transmitted Diseases, Reproductive Health Problems and Sexual Violence, Especially Among High-Risk and Marginalized Groups

In 1994, there were 313,071 children and youth under 20 years of age in Saskatchewan, 210,333 of whom were enrolled in the province's schools. It is estimated that as many as 30% to 40% of Saskatchewan school children and youth are "at risk"and unable to learn because of complex emotional, social and health developmental problems which are barriers to their constructive participation in the learning process. Many of these youth become school "drop-outs" and street youth by the time they reach their mid-teens.

There are three groups who have been identified as "most at risk" in Saskatchewan: families living in poverty, single and teen parents, and Indian and Métis people (who comprise a large percentage of families living in poverty, as well as single and teen parents).

Individuals and families at risk for poverty, child neglect, family dysfunction, violence and abuse, substance abuse, disabilities, multiple health problems, and limited access to health promotion and prevention services are also at risk for sexual and reproductive health problems, for unintended and problem pregnancies, and for diseases and infections which go unrecognized and untreated for prolonged periods.

The incidence, prevalence and pervasiveness of family violence, woman abuse, sexual abuse and dating violence places many children and youth at risk for multiple problems, including unintended and repeated pregnancies and reproductive tract injuries and infections. Alcohol consumption, other drug use, anger, sexual rejection, pushing for sexual favours, jealousy, and conflict with friends and family are common reasons for violence.

Children with chronic illness and one or more disabilities are also at risk for a range of physical, mental, emotional, social and learning problems, and various forms of abuse. Teens who come to view their sexual orientation as gay or lesbian are at risk of low self-esteem, family rejection, suicide, substance abuse, higher rates of school dropout and homelessness, becoming victims of violence, sexual exploitation and STDs.

Several Canadian surveys of youth health, as well as health needs assessments conducted by district health boards in Saskatchewan, show that youth have a wide range of health concerns and needs, and engage in risk behaviours which they may only express in certain circumstances. Health risk behaviours reported by students in a 1994-95 survey by the Saskatoon District Health Board, for example, included frequent use of alcohol, sexual activity at an early age, tobacco use among young females, lack of adequate sleep, fear of other students and low self-esteem related to body image.

It is now well known that Canadian youth are engaging in high-risk sexual activity at earlier ages and with more than one partner, and that adolescent intercourse is often unplanned, episodic and unprotected against unintended pregnancy, sexually transmitted diseases and HIV/AIDS. In the Saskatoon survey one out of four grade 9 teens indicated they are sexually active (i.e., having sexual intercourse).

Estimates of teen sexual intercourse based on recent surveys indicate that between 36% and 65% of all grade 11 students, 94% of similarly aged street youth and 77% of first year college and university students are, or have been, sexually active.

Many youth and young adults acknowledge awareness of sexually transmitted diseases and the need for barrier protection during sexual intercourse, yet their knowledge seems limited about the ways in which sexually transmitted diseases (STDs) and pelvic inflammatory disease (PID) threaten health and future fertility, particularly female fertility. Young girls and women are particularly at risk for complications of chlamydia infections, other STDs, and pelvic inflammatory disease, all of which can severely compromise future childbearing.

While teen pregnancy rates have decreased in recent years, in 1992, the latest year for which interprovincial statistics are available, Saskatchewan continued to have the second highest rate of teen births among the ten provinces - fourth highest in all of Canada. This continuing high incidence of teen pregnancies and births in the province and the percentages of teen births fathered by men over 20 years of age all suggest that preventive efforts much be intensified among all teens, particularly young teens, among young adults in the 20 to 29 year age group and among families and youth at high risk.

Coordination and integration of preventive resources and supports within health districts is required to adequately address multiple risk factors contributing to unhealthy relationships, premature and unprotected sexual activity, STDs, PID, and HIV/AIDS.

District health boards may benefit from intensified efforts, resources and consultative assistance in identifying high-risk and marginalized individuals and groups, assessing their needs and planning services to meet those needs within their districts.

District health boards may also need to be encouraged to implement core preventive and treatment services to address threats to sexual and reproductive health among those most at high risk for these problems.

Recommendation #3:

3. **It is recommended that the Advisory Committee on Family Planning continue to investigate and to advise the Minister of Health on ways to increase access to sexual and reproductive health information, and to improve coordination of services for individuals, families and marginalized groups most at risk for sexual and reproductive health problems, unintended pregnancy, sexually transmitted diseases and HIV/AIDS.**

4. SUMMARY

The occurrences of unintended teen pregnancy, sexually transmitted diseases and HIV/AIDS among youth are unlikely to be entirely eradicated. Research suggests that these threats to wellness could, however, be substantially reduced through integrated comprehensive, age-appropriate health promotion and prevention efforts, timely treatment, and environmental supports. The most important environments of youth include their families, schools, churches, communities, and peer groups. Recreational, learning and health services environments are also influential.

Single approaches to sexual and reproductive issues and problems are insufficient. Comprehensive solutions are required to deal with the complexities that such private issues, yet issues with so many public dimensions, pose for individuals, communities and society as a whole.

As district health boards assess health needs in their communities, the health of children, youth and young adults merits primary consideration. While sexual health has often been a neglected, controversial and sensitive issue, greater openness about the importance of healthy sexuality is not an impossibility in the future. Increased awareness of the issues, and of approaches available for promoting healthy sexuality, should make it possible for families, communities, health districts, school districts, schools, educators and many others to collaborate in contributing to the goal of improved health status in their communities. Although each health district may proceed in different ways, many positive outcomes are possible over the next decade. The health, wellness and future fertility of the youth population depend upon them.

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APPENDIX A

GUIDING PRINCIPLES AND GOALS

GUIDING PRINCIPLES

1. Individuals have the right to information, access to services and the freedom to choose among options which will assist them to make informed and responsible decisions about their sexual and reproductive health.
2. Sexual and reproductive health can best be promoted through an holistic approach to human sexuality, which provides a framework for a society in which individuals are valued, respected, and inequities are reduced.
3. Communities, families and all levels of government share responsibility for fostering healthy environments and promoting sexual health and responsible sexual behaviour.
4. Differing religious, moral, family, cultural, and community value systems and beliefs will be recognized and respected in the provision of programs, resources and services designed to promote sexual and reproductive health and wellness in Saskatchewan.

GOALS

The ultimate goals of the Committee's decisions and recommendations to the Minister of Health are:

1. To bring about improvements in the sexual and reproductive health of citizens of all ages, and particularly, adolescents and young adults in the province. These improvements will be reflected in:
   - increased public recognition and acceptance of the importance of sexual and reproductive health to overall health and wellness;
   - increased accessibility to programs and services which enable people to make healthy choices and informed decisions in matters of personal sexual and reproductive health;
   - an increase in the percentage of intended pregnancies and healthy births among all pregnancies;
   - significant reductions in unintended pregnancies, abortions and sexually transmitted diseases, and in the complications and consequences of these events, such as decreased quality of life and costs incurred by individuals, families, communities and the health system.

2. To involve families, schools, community members, community groups and organizations, and all levels of government in sharing responsibility for promoting sexual and reproductive health and wellness among all age groups. This shared responsibility will be reflected in:
   - open and responsible communication about positive aspects of human sexuality through education of parents and caregivers, family life education, sexuality education in schools, and effective use of health services;

- increased community support for promotion of responsible sexual behaviour at all ages;
- increased community support for postponement of sexual involvement as a realistic option in decision-making.

APPENDIX B

SYMPOSIUM AGENDA

Symposium

WEDNESDAY, NOVEMBER 16

7:00 - 9:00 p.m. Registration

THURSDAY, NOVEMBER 17

		ROOMS
7:30 - 8:30 a.m.	Registration	
8:30 - 9:15 a.m.	Welcome & Opening – Minister of Health and Ann Schulman, Chair Advisory Committee on Family Planning	Michelangelo A
9:15 - 10:30 a.m.	**KEYNOTE ADDRESS -- Dr. Terry Russell** ***What's Black & White & Red All Over***	Michelangelo A
10:30 - 11:00 a.m.	Nutrition Break	
11:00 - 12:00 p.m.	**CONCURRENT SESSION A**	
	A1. Self-Esteem: You, Sexuality & Body Image	Venice
	A2. Self Determination & Personal Safety	Giotto
	A3. Understanding Sexual Diversity in Youth	Galileo
	A4. Sex is Not a Four-Letter Word: Promoting Adolescent Sexual Health	Da Vinci
	A5. Parents as Sexuality Educators	Florence
	A6. Pre-Adolescent/Puberty Sexuality Education	Naples
12:00 - 1:15 p.m.	Buffet Lunch Minister of Social Services	Michelangelo B & C
1:15 - 2:30 p.m.	**KEYNOTE ADDRESS -- Michael Barrett, Ph.D.** ***An Integrated Approach to Promote Sexual Health Education for Youth***	Michelangelo B & C
2:30 - 3:00 p.m.	Nutrition Break	
3:00 - 4:30 p.m.	**PANEL -- GETTING THERE**	Michelangelo B & C
	Moderator — Bev Huntington	
	Role of Health Professionals — Rhonda Patterson	
	Role of Parents — Joy Bastness	
	Role of Community — Ben Grebinski	
	Role of Churches — Fr. Andre Poilievre	
	Role of Education — Ray Petracek	
	Role of Youth — Usine Butt	

Agenda

Thursday Evening, November 17

		ROOMS
4:30 - 7:30 p.m.	Dinner (on your own)	
7:30 - 9:00 p.m.	**KEYNOTE ADDRESS -- Jay Friedman** ***Mother Goose, Madonna & the Media's Influence on Children's Sexuality***	Michelangelo A
9:00 - 10:30 p.m.	Reception - Meet the Speakers	Michelangelo B

Friday, November 18

9:00 - 9:15 a.m.	Opening Address – Minister of Education	Michelangelo A
9:15 - 10:30 a.m.	**KEYNOTE ADDRESS -- Jay Friedman** ***The State of Sexuality Education: Politics, Practice and Premonitions***	Michelangelo A
10:30 - 11:00 a.m.	Nutrition Break	
11:00 - 11:30 a.m.	***Health Education in Saskatchewan Schools*** **Dr. Paulette Van der Linde & Bev Huntington**	Michelangelo A
11:30 - 12:30 p.m.	**CONCURRENT SESSION B**	
	B1. Post-Progressive Teaching Techniques to Promote Sexual Health	Michelangelo A
	B2. Youthistory	Venice
	B3. Abstinence Only Resources	Giotto
	B4. Skills for Healthy Relationships	Naples
	B5. Promoting Youth Health Through Wellness Centres	Da Vinci
	B6. Through a One-Way Mirror from the High School Guidance Counsellor's Office	Florence Naples
12:30 - 1:30 p.m.	Buffet Lunch **Michael Barrett -- *Moving Forward***	Michelangelo B & C

APPENDIX C

YOUTH WELLNESS CENTRE
PILOT PROJECTS

ADVISORY COMMITTEE ON FAMILY PLANNING YOUTH WELLNESS CENTRE PILOT PROJECTS

Proposal Summaries and 1994-95 Funding
February 2, 1995

Prince Albert Women's Wellness Centre

The Prince Albert Women's Centre will provide an accessible, comprehensive and confidential sexual health program for young people through education, referral and direct service. Currently, the Centre provides personal counselling, clinical services, street outreach and school support programs focusing on self-esteem, informed decision-making, education and clinical service provision. Under-serviced youth are the specific target group.
1995 funding – $48,000.

Lloydminster/Twin Rivers Teen Wellness Centre

The Program of the Centre will have two components – a Peer Health Centre and a Peer Education program. Centres will provide a facility for teen workshops, discussion groups, preparation of peer presentations, support groups and peer information sharing on an individual basis. The focus of the programming will be on various lifestyle issues including self-esteem, addictions, date violence, sexual and reproductive health. Peer educators will provide presentations in the community. 1995 funding – $32,000.

Wellness Centre — Biggar Composite High School

The Wellness Centre will work primarily with adolescents to support, guide and inform them on issues related to their well-being and development through the teen years. The Wellness Centre will include a drop-in centre within the school, a program centre for adolescents and families, and a resource centre for the larger community. Resource information on sexuality, family relations, personal relationships, and self-esteem will be available.
1995 funding – $13,000.

Moose Jaw Teen Wellness Centre

The Centre will assist adolescents to attain their optimum level of physical, emotional, social and spiritual development through prevention and intervention activities. It will provide education, information, counselling, and clinical and follow-up services to individuals and groups on a range of issues such as weight, self-esteem, peer pressure, family problems, depression, sexuality and abuse. 1995 funding – $74,000.

Regina Health District School-Based Wellness Centre

The Centre will provide a program which enables youth to make healthy choices and informed decisions in matters of personal health including sexuality, nutrition, substance abuse, physical activity, suicide, etc. The Centre will take a comprehensive approach to student needs and encourage students to take control over their health. 1995 funding – $60,000.

ADVISORY COMMITTEE ON FAMILY PLANNING TEEN WELLNESS CENTRE PILOT PROJECTS

Terms of Reference

Teen Wellness Centre Pilot Projects will:

- adhere to the Guiding Principles and Goals of the Advisory Committee on Family Planning in the planning and delivery of the pilot project.
- collaborate with the district health board to promote and provide a broad range of services, including, but not limited to, primary preventive sexual and reproductive health services for youth. *
- ensure a youth and young adult focus through direct participation of youth in decision-making, advising, providing service and evaluating the project.
- evaluate the outcomes and viability of the project according to the evaluation guidelines provided by the Committee.
- make recommendations regarding implementation strategies, service provision and allocation of resources for the establishment of Teen Wellness Centres in other health districts.

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* **Primary Prevention focuses on health promotion and specific protection such as:**

- provision of comprehensive information, education, counselling and referral regarding healthy sexuality and sexual health issues;
- promotion of sexual abstinence and/or postponement of sexual involvement as healthy lifestyle choices for youth and the most effective protection against pregnancy, STDs and HIV/AIDS;
- referral to and/or provision of information and services to sexually active individuals to increase protection of self, protecting self and others against unintended pregnancy, and HIV/AIDS.

APPENDIX D

STATISTICS OVERVIEW

STATISTICS OVERVIEW

Trends in the Child and Youth Population and School Enrollment

- In 1994 in Saskatchewan, there were 313,071 children and youth under the age of 20 years - 30.8 % of the provincial population. Of these, 76,684 were teens between 15-19 years and 80,492 were ages 10-14.[1] By the year 2016 the proportion of children in the provincial population is expected to decline by about 23%.[2]
- In the Registered Indian population the proportion of children and youth is much greater than in the general population. In 1994, there were 36,936 Registered Indian children and youth between 0-19 years in the province. While these youngsters comprised only about 4% of the total provincial population, they constituted over half (51.4%) of the Registered Indian population.[1]
- By the year 2000, there will be an estimated 22% increase in the numbers of Indian and Métis children (0-9 years) and a 35% increase in Indian and Métis youth (10-18) in Saskatchewan.[2]
- More children and youth reside in rural areas than in cities in Saskatchewan. In 1994, 40% of teens were residing in cities and 53% were residing in town, villages, rural municipalities and Indian reserves.[1]
- In September 1994, there were 815 publicly funded schools in the province. Almost two-thirds of these are located in rural areas.[3]
- Of 210,333 children and youth enrolled in Saskatchewan schools in 1994-95, 158,758 were attending public schools, 36,483 were attending separate schools, 11,968 were attending federally funded Indian schools, and 3,124 were enrolled in independent schools. Between 1992-93 and 1994-95 there was an increase of 1,634 students in separate schools, and an increase of 1,169 students in federally funded Indian schools.[3]

Children and Youth "At Risk"

- An estimated 30-40% of Saskatchewan children are considered to be "at risk" - facing complex and multi-faceted problems such as poverty, hunger, family breakdown, lone parent status, violence, child neglect and abuse, sexual or substance abuse, disabilities and sexual orientation.[4]
- In 1991, 51,200 or 16% of Saskatchewan children lived in lone-parent families. Forty-three percent (43%) or 8,420 lone-parents had children under six and 75% or 14,160 had children aged 6-17 years. The average age of lone-parents under age 35 is 7% greater than the comparable age group for Canada.[5]
- Approximately one-fifth of Saskatchewan's lone-parent families are aboriginal, although aboriginal families account for only 7% of all families in the province. In 1991, the Canadian census identified 6,175 aboriginal lone-parent families in Saskatchewan, representing 31% of all aboriginal families. The majority of lone-parent families are women, and 60% of female headed lone-parent families live in poverty.[5]

- In 1992-93 there were 5,041 children and youth under the age of 18 who received services funded by Mental Health Services Branch of Saskatchewan Health. Of these, 561 were child victims of sexual abuse, 309 from familial sexual abuse, and 252 from out of family sexual abuse.[6]
- In 1992, 163 infants and children were reported to the Royal University Hospital Child Protection Committee. Of these, 27 children had been involved in physical abuse, 99 in sexual abuse. Two-thirds of these cases involved female children, the majority (54) of whom were between 3 and 11 years old.[7]
- Abuse among teen dating partners is almost as widespread and frequent as in adult relationships, most often appears around 15 or 16 years of age, and includes a broad spectrum of physically and sexually violent acts. One recent study showed that in a sample of 1,547 Canadian high school students, more than 50% of girls and 30% of boys reported some form of verbal and emotional abuse by dating partners. Among 9th and 10th graders, 59% reported having experienced physical abuse and 28% reported sexual abuse in a steady dating relationship.[8]
- In 1994, there were 2,464 students with designated disabilities enrolled in special education programs in Saskatchewan. The highest proportion of all disabilities among special education students with designated disabilities were mental and multiple disabilities.[3]

Teen Pregnancies and Births

- In 1992, Statistics Canada reported a teen pregnancy rate of 57.04 per 1000 female 15 to 19 year-old teens in Saskatchewan. While this was a decrease of 6% in the teen pregnancy rate between 1989 and 1992, Saskatchewan's teen pregnancy rate was still second highest among the ten provinces, fourth highest in Canada, and higher than the Canadian rate of 38.16 per 1,000 females 15 to 19 years.[9]
- Between 1989 and 1993, 82% of teen pregnancies in Saskatchewan resulted in live births to mothers between 15 and 19 years. There were 1,605 live births to 15 to 19 year-old Saskatchewan teens in 1993, accounting for about 11% of all live births in the province.[10]
- Preliminary provincial vital statistics for 1994 show that the number of live births to Saskatchewan teens 15-19 years increased by 57 or 3.5% over 1993. Table 1 shows that most of this increase occurred among 16 year-old and 19 year-old teens. There were fewer births to teenagers 15, 17 and 18 years than were reported in 1993.[10]
- In 1993, among the 842 live births to teen mothers ages 15 to 19 years, in which the ages of parents were reported, two-thirds (565 or 66.9%) were fathered by men 20 years of age and over. The majority of these fathers (51.4%) were between 20 and 24 years of age while 4.1% were fathered by men 30 years and older. One-third of these live births were fathered by 15 to 19 year old males.[11]
- Babies of teen mothers are typically at higher risk for low birth weight. Between 1989 and 1993, there was an encouraging 21% decrease in the number of low birthweight babies born to 15 to 19 year-old teens - from 112 in 1989 to 88 in 1993. In 1993, the low birthweight rate among teens was 2.36 per 1000 live births compared with a provincial rate of 2.54 among all 10 to 49 year old females who gave birth.[12]

Sexually Transmitted Diseases (STDs)

- Approximately 30% of all reported sexually transmitted diseases in Saskatchewan occur among youth 19 years and under. In 1993, there were 1,112 reported cases of STDs among 15-19 year-olds, and 66 reported cases among 10-14 year-olds.[13]
- Among the STDs, chlamydia (80%) and gonorrhea (11%) are the most commonly reported diseases among 15-19 year-olds. In 1993, there were 888 reported cases of chlamydia among 15-19 year-olds in Saskatchewan. Of these, 83% were reported among female teens. Of the 124 reported cases of gonorrhea among 15-19 year-olds, 70% were reported among female teens.[13]
- Untreated chlamydia and gonorrhea have long lasting and severe complications, including pelvic inflammatory disease (PID), ectopic pregnancy, permanent infertility and damage to the fetus or newborns. For sexually active women, the risk of acquiring PID is proportional to the regional prevalence of the corresponding sexually transmitted disease (STD) and the number of sexual partners. About 15% of women with an episode of PID will become sterile after one infection, 30% after two infections.[14]
- In 1992-93 in Saskatchewan, there were 1,008 hospital separations, 3,789 days of hospital care, and $1,693,978 in physician payments provided to women with inflammatory diseases of the reproductive tract.[15,16]

TABLE 1

Live Births to Saskatchewan Female Teens 15 - 19 Years by Year of Age

1990 - 1994 [1, 2, 3]

	Number of Births by Year					Total Births	% Total [4]
Mother's Age	**1990**	**1991**	**1992**	**1993**	**1994**	**1990 - 1994**	**1990 - 1994**
15 Years of Age	98	85	86	85	73	427	5.20%
16 Years of Age	222	207	191	180	233	1033	12.57%
17 Years of Age	296	336	368	345	329	1674	20.37%
18 Years of Age	466	482	446	442	422	2258	27.48%
19 Years of Age	549	575	542	553	605	2824	34.37%
Total Ages 15-19 Years	1631	1685	1633	1605	1662	8216	100.00%

1. Covered Population for the years 1990 to 1994. Regina, Saskatchewan: Saskatchewan Health, Vital Statistics and Health Insurance Registration Branch.
2. The covered population of Saskatchewan includes Saskatchewan Registered Indians and refers to all persons insured by Saskatchewan Medical Care Insurance Plan on an annual basis.
3. 1994 data is preliminary only.
4. 'Percentage' in this column refers to the percentage by year of age, of total births to females 15 - 19 years.

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TABLE 2

Number and Percentage of Live Births to Teen Mothers
By Stated Age Group of Fathers [1]
1993

Father's Age Group	Number and Percentage of Births to 15 - 19 Year Old Female Teens Fathered by Males in Different Age Groups		
	Number	Percentage [2]	Interpretation
15 - 19 Years	278	33.0	Approximately 1/3 of 842 live births were fathered by male teens.
20 - 24 Years	433	51.4	529 or 62.8% of live births were fathered by men in their "20's".
24 - 29 Years	96	11.4	
30 Years and Over	35	4.1	Less than 5% of the live births were fathered by men 30 years and over.
Total	842		

1. Note: These figures apply only to births where parents' ages were stated.
   Parents' ages were stated for only 842 of live births to female teens 15 - 19 years in 1993.
   This information is based on preliminary data Statistics Canada Unpublished Tables, 1993,
   (excluding out of province births).
2. Among live births where parents ages were stated, 33% were fathered by 15 - 19 year old males,
   51.4% by men 20 - 24 years, 11.4% by men 25 - 29 years, and 4.1% by men 30 years and over.

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